

(ALBI-283) ALBION CORRECTIONAL

Complete Entries Checked



## EDICATION ADMINISTRATION RECORD

(ALBI-283) ALBION CORRECTIONAL

10/01/2001

OT01

## EDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

PRAZOLAM (XANAX) 1MG TAB

TAKE 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS

PRESCRIBED FOR 60 DAYS

X: 2163023 LINDEMUTH, PSYCH, ANGELA, PY

START - 09/23/2001 11/2 STOP - 11/21/2001

DIPERIN (SINEQUAN-ADAPIN) 50MG CAP

TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

60 DAYS

X: 2163027 LINDEMUTH, PSYCH, ANGELA, PY

START - 09/23/2001 11/2 STOP - 11/21/2001

TOLNAPRIDE 1% cr  
APPLY BID

0-25 2 NF x30D

De-Brox JTT IV AU  
BID

0-25 x5D

Methocarbonyl  
+ PO QID PRN

0-25 2 NF x30D

0-25 2 NF x30D

0-25 2 NF x30D

0-25 2 NF x30D

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0-25 2 NF x30D

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR 10/01/2001 THROUGH 10/31/2001

Physician LINDEMUTH, PSYCH, ANGELA

Att. Physician

Allergies NO KNOWN DRUG ALLERGY

Diagnosis

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

Date

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No



Medical Number	Medicare Number	Complete Entries Checked	Title		Date	
		By	PATIENT CODE	ROOM NO.	BED	FACILITY CODE



## MEDICATION ADMINISTRATION RECORD

01/2001

(ALBI-283) ALBION CORRECTIONAL

DT01

## MEDICATIONS

## HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

PERDAL (RISPERIDONE) 1MG TAB

E 1 TABLET(S) BY MOUTH TWICE DAILY

JUSTIFICATION APPROVED UNTIL - 9 15 02

1613988 BASHLINE, D.O., DAVID, DO

RT - 03/16/2001 STOP - 03/15/2002

EPIN (SINEQUAN-ADAPIN) 50MG CAP

E 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

DAYS 7 days

1966264 BESNER, PSYCH. LANCE, PY

RT - 07/20/2001 STOP - 10/04/2001

Xanax 1mg po BID

pm

x 77 days

Motrin 800mg po QID x 24 days

8/25

Ice to @ Hand

9/05

Ice to @ Hand

QID PRN

8/27

x 48

TYL # 3 1/2 po

QID PRN

8/27

x 30 days paid x 30

I BuPROPION 800

po TID c Food PRN

8/27

x 77 days paid x 77

## MEDICATIONS

## HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR

08/01/2001

THROUGH

08/31/2001

Physician BESNER, PSYCH. LANCE

E. Physician

Allergies NO KNOWN DRUG ALLERGY

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No.

Diagnosis

Medical Number

Medicare Number

Complete Entries Checked

Date

## **EXHIBIT C**

A/BION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME <b>GREEN, TYRONE</b>	NUMBER <b>EP4593</b>	QUARTERS <b>FA</b>	
X-RAY NUMBER <b>D08 1-23-70</b>	DATE OF X-RAY <b>8/27/01</b>	TECHNICIAN <b>LH</b>	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		<i>Full getting out of shower 8/25/01 landing on Rt hand. Pain swelling 4-5 MP area R/O FX</i>	
<i>Rt hand</i>		<b>BASHINE</b> PHYSICIAN	
REPORT	R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal. IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.  HKS/dg 9/18/01 <i>HS</i> Henry K. Smith, D.O.		
DATE OF REPORT	Dr. Mark Baker Medical Director		

Diagnostic Stamp  
 Practitioner *[Signature]*  
 Date **9-19-01**  
 Time **1600**  
 A    N    **NCS**  
 Abnormal    Normal    Not  
 (Requires A)    Clinically  
 Significant

White—MEDICAL RECORD

Canary—X-RAY FILE

Pink—RADIOLOGIST FILE



A/BION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	9/21/01
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		TECHNICIAN L/H	
Rt hand (through splint)		Follow-up of fx	
REPORT R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		PHYSICIAN BAKER	
SS/dg 10/10/01		SS Sonja Schaffer, M.D.	
DATE OF REPORT		Dr. Mark Baker Medical Director	
White—MEDICAL RECORD		Canary—X-RAY FILE	
		Pink—RADIOLOGIST FILE	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	8/27/01
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		TECHNICIAN L/H	
Rt hand		Full getting out of shoes 8/25/01 landing on Rt hand. Pain swelling 4-5 MP area R/O FX	
REPORT R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal. IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Swelling noted. Probable old chip fx base of 5th metacarpal.		BASHINE PHYSICIAN	
HKS/dg 9/18/01		RECEIVED DEC 12 2003 Henry K. Smith, D.O.	
WRO Litigation Section		Dr. Mark Baker	
		Pink—RADIOLOGIST FILE	

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB1-23-70	DATE OF X-RAY	9/21/01
		TECHNICIAN L/H	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:			
Rt hand (through splint)      Follow-up of fx			
PHYSICIAN BAKER			
REPORT	R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		
	SS/dg 10/10/01	SS	Sonja Schaffer, M.D.
DATE OF REPORT	Dr. Mark Baker Medical Director		
White—MEDICAL RECORD	Canary—X-RAY FILE	Bony Diagnostic Stamp Practitioner [Signature] Date 12/1/01 Time 1345 A      N      NCS Abnormal      Normal      Not (Requires A      Clinically ROENTGENOLOGIST      Significant Soap Note) Pink—RADIOLOGIST FILE	



A/BION

60-158

## X-RAY REPORT

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

GREEN, TYRONE

NUMBER  
EP4593QUARTERS  
FARAY NUMBER  
DOB 1-23-70DATE OF X-RAY  
10/12/01

TECHNICIAN LH

☐ TREATMENT☐ EXAMINATION

DETAILS:

Rt hand

X-Ray done out of splint  
per Dr. FERRELLI

PHYSICIAN BAKER

REPORT RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.

IMPRESSION: Moderately advanced healed fractures.

Henry K. Smith, D. O. A

Dr. Mark Baker

Medical Director

Canary—X-RAY FILE

Diagnostic Stamp		
Practitioner	(M)	
Date	12/6/01	
Time	14:50	
D. A.	N	NCS
Abnormal	Normal	Not
(Requires A	BOENITGENOLOGIST	Clinically
DC-472		Significant
See Note	PARK RADIOLOGIST FILE	

HKS/pjt  
E OF REPORT 10/13/01

White—MEDICAL RECORD

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
QUARTERS	FA		
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	10/12/01
		TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:		RT hand X-Ray done out of splint per DR FERRELLI PHYSICIAN BAKER	
REPORT	RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.		
IMPRESSION; Moderately advanced healed fractures.		HKS Henry K. Smith, D.O. A N NCS Dr. Mark Baker Medical Director RADIOLOGIST FILE	
HKS/pjt DATE OF REPORT 10/13/01		Diagnostic Stamp Practitioner (M) Date 12/6/01 Time 1400 Abnormal Normal Not (Requires A BOENI GENOLOGIST Clinically DC-472 Significant See Note	
White—MEDICAL RECORD		Canary—X-RAY FILE	



(G)

34410

DC-456  
(REVISED 1/2003)COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## X-RAY REPORT

Inmate Name: Green, Tyrone  
Inmate Number: EP 4593  
DOB: 1-23-70  
Facility: Hun

DATE <u>3-18-04</u>	<input type="checkbox"/> STAT <input checked="" type="checkbox"/> ROUTINE	PHYSICIAN <u>Aranceda</u>
DATE TO BE DONE <u>3/19/04</u>	EXAMINATION REQUESTED <u>x-rays Rt. wrist &amp; Rt. hand</u>	
REASON FOR EXAM <u>No fr 4th &amp; 5th MCX 2 yrs ago.</u> <u>pain - no new trauma</u>		
REPORT		

GREEN, TYRONE EP4593 SCI HUNTINGDON

RIGHT HAND- Routine views of the right hand are compared to prior study from 10-12-03. There is mild deformity at the base of the 4th metacarpal bone consistent with healed fracture at this location. There are no new or acute fractures. A small non united boney density at the base of the 5th metacarpus may also be related to prior trauma. The bones are otherwise intact and the joint spaces are well preserved. There is mild soft tissue swelling noted.

IMPRESSION- There is evidence of prior injury as noted; no acute fracture or significant deformity. No significant arthritic changes.

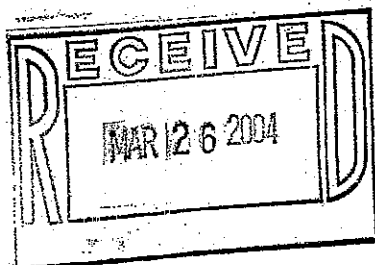
RIGHT WRIST- Old healed fracture of the base of the 4th metacarpus is again noted. There is no acute fracture, subluxation or deformity. The carpal bones are intact.

Peter G. Gregory, MD  
03/22/04 lag

DATE OF REPORT

ROENTGENOLOGIST

## DIAGNOSTIC STUDY STAMP

PRACTITIONER: LADATE: 3/29/04TIME: 16.00

A

N

(REQUIRES  
DC-472 SOAP NOTE)

NORMAL

NCS  
NOT CLINICALLY  
SIGNIFICANT

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site Off-Site Telemedicine	
Referred to: <i>X-rays</i>	Referred by: <i>Bashline</i>	Appt. Date/Time: <i>8-27-01</i>	
Specialty:	Drug Sensitivity: <i>NKDA-</i>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>X-ray - Rt hand</i>			
Treatment to Date/Current Medications and Significant Medication History: <i>Fall getting out of shower 8-25 landing on Rt hand - Pain swelling 4-5 MP area - R/o FX</i>			
Reviewed by Medical Director: (Circle)		Approval Disapproval Date:	
Medical Director Signature:		Forwarded to UR (Date):	
UR Decision: (Circle)		Approval Disapproval Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<i>DONE 8/27/01 @ 0945</i> <i>late add on - not on x-ray callout</i> <i>LINDA HELGERT, R.T.</i>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441  
(Revised 1-01)

Inmate Name: *Greene, T. J.*  
Inmate Number: *EP 4593*  
DOB: *1-23-70*  
*ROT 1000.0*

*FA*